U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

Name SAM

1. File Number U - /22/4

3. Name and address of person filing.

L Johnson

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FORM LM-30 LABOR ORGANIZATION OFFIC #R AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Explres 11-30-2008

This report is mandatory under P.L. 86-257, as amended. Fature to comply may result in criminal prosecution, fines, chick penalties as provided by 29 U.S.C. 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12 / 31 / 04

Name Sheet Methol Workers LOCAL 312

4. Name, file number, and rudress of labor organization.

	Labor Organization File Nurriber	8701840 1 9 015998
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room N	
Street 7843 W 3100 So	Street 226/ Sc	Redwood Rd
City MAZZANA	City 52C	
State Utah ZIP Code + 4	State WIII	ZIP Code + 4 84/19
5. Position in labor organization. Business ///mager		
Enter appropriate data below if, during the past fiscal year, you or your s (e.cept as specified in the ex	pouse or minor child directly or it	etly had any of the following interests
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose carpayees your organiz		
ame and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.		n, or Income.
Name		
Name		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Name Trade Name, if any:	7.b. Amount.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.b. Amount.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ignature of Perjury and other applicable panelti anying documents), has been excentible	d by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 16. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	ignature of Perjury and other applicable penalti anying documents), has been extra ince section on ponalties in the instructions	d by the signatory and is, to the best of the

substantial part of which consists of buying from selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	tively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name National Energy Managem. with Institute Trade Name, if any: NEMI P.O. Box, Bldg., Room No., if any Suite 250 Street 601 No Fair fax 64 City Alexandria State VA ZIP Code + 4 22314	11.a. Nature of such decling. Reimburgement of Lodging, Ments and Air force 1-16-04-15000 Forder 6-04-36000 per-dem 1-16-04-15000 Forder 6-04-36000 per-dem 5-11-04 \$79.80 initiate 6-04 \$000 Expen. Reim 5-11-04 \$772.48 inadding 8.04 225.00 per-diam 5/26-04 \$123.50 in odds 5/26-04 \$23.50 in odds 11.b. Approximate collar value of such dealing. 11.b. Approximate collar value of such dealing. 12.a. Nature of interest half or income received.
	12.b. Amount.
 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of mone 	
13.a. Name and address of Employer or Labor Relutions Consultant (including trade name, if any).	14.a. Nature of payment.
Name	

13.a. Name and address of Employer or Labor Relutions Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	Z:P Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.